



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>				
NAME(Last) BRADY		(First) KAT	(Middle) 	TELEPHONE 808-533-3454
MAILING ADDRESS (Street) P. O. Box 37313				FAX 
(City) Honolulu		(State) HI	(Zip Code) 96837	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE 
MAILING ADDRESS (Street) 				FAX 
(City) 		(State) 	(Zip Code) 	

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) LIFE OF THE LAND			TELEPHONE 808-533-3454
MAILING ADDRESS (Street) 76 N KING ST #203			FAX 
(City) Honolulu		(State) HI	(Zip Code) 96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT ARTHUR LAURANCE MORI			TELEPHONE 808-373-4386
MAILING ADDRESS (Street) 571 HAO ST			FAX 
(City) Honolulu		(State) HI	(Zip Code) 96821

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Agriculture   | <input type="checkbox"/> Education                       | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities                   | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input type="checkbox"/> Consumer Protection & Commerce                      | <input type="checkbox"/> Hawaiian Affairs                | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation                | <input type="checkbox"/> Health                          | <input checked="" type="checkbox"/> Planning, Land & Water Use Management   | <input type="checkbox"/> Other: (indicate below)                    |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing                         | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

*Kim Ramos*

(Signature of Lobbyist)

JANUARY 24, 2006

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

KIM RAMOS

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

PRESIDENT

NAME OF ORGANIZATION (if applicable)

LIFE OF THE LAND

TELEPHONE

808-533-3454

MAILING ADDRESS (Street)

76 N KING ST #203

FAX

(City)

Honolulu

(State)

HI

(Zip Code)

96817

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

*Kim Ramos*

(Signature of Authorizing Officer or Person Represented)

1-24-2006

(Date)